

COUNTY BOROUGH OF ST. HELENS.



Annual Report
OF THE
School Medical Officer,
FOR
1934.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.

Medical Officer of Health,
and School Medical Officer.

St. Helens :

WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
HARDSHAW STREET.

1935.

COUNTY BOROUGH OF ST. HELENS.



Annual Report
OF THE
School Medical Officer,
FOR
1934.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.
Medical Officer of Health,
and School Medical Officer.

St. Helens :
WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
HARDSHAW STREET.

—
1935.

INDEX.

	PAGE
STAFF	7
SCHOOL HYGIENE	8
MEDICAL INSPECTION	10
FINDINGS OF MEDICAL INSPECTION	11
MEDICAL TREATMENT	16
DENTAL INSPECTION AND TREATMENT	22
FOLLOWING UP AND WORK OF SCHOOL NURSES	27
INFECTIOUS DISEASE	27
TUBERCULOSIS	30
EXCEPTIONAL CHILDREN	32
NURSERY CLASSES	36
OPEN-AIR EDUCATION	36
PHYSICAL TRAINING	37
BATHS	42
PROVISION OF MEALS	42
CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS	45
CO-OPERATION WITH VOLUNTARY BODIES	45
STATISTICAL TABLES	46

Central Children's Care Committee.

Chairman :

ALDERMAN J. C. SIMM, J.P.

Deputy-Chairman :

OUNCILLOR ELLEN McCORMACK.

THE RIGHT WORSHIPFUL THE MAYOR,
(Councillor John O'Brien, J.P.)

ALDERMAN T. HAMBLETT, J.P.

„ J. HEWITT, J.P.
„ F. McCORMACK.
„ H. H. PEET, J.P.
„ P. PHYTHIAN, J.P.
„ A. RUDD, J.P.
„ J. C. SIMM, J.P.
„ R. WARING, J.P.

OUNCILLOR W. BURROWS, J.P.

„ F. A. LITHERLAND, J.P.
„ O. MAGUIRE,
„ ELLEN McCORMACK,
„ EVELYN PILKINGTON, C.B.E., J.P.
„ R. A. PILKINGTON, J.P.
„ J. THACKRAY, J.P.

MRS. H. B. BATES,

MISS B. E. HARRISON, L.L.A.

MRS. A. E. LITHERLAND,

MRS. B. McGHIE,

MRS. AUSTIN PILKINGTON, J.P.

MR. W. H. MILLS.

MR. A. THOMAS.

TO THE CHAIRMAN AND MEMBERS OF THE
ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit my Annual Report as School Medical Officer for the year 1934.

The general scheme of the School Medical Service has remained unaltered and is as outlined in previous reports.

During 1934 a larger number of children was examined than in the previous year, mainly owing to the fact that attendance at school was better than in 1933 when serious epidemics caused a large number of absentees.

Taken generally, there was considerable improvement in the health of the children as compared with the previous year. The state of nutrition to which I drew attention in my last report appeared to have improved, and there was a general decrease in nearly all the main classes of defects.

At the routine medical inspections in the Elementary Schools, 11.8% of the children examined were found to be suffering from medical or surgical defects requiring treatment, and 23.1% with defects requiring to be kept under observation. These figures compare favourably with the corresponding figures for 1933, which were 16.5% and 22.0% respectively.

During the year, 96.5% of the children referred for treatment of medical defects and 58.6% of those referred for dental treatment had the defects treated, and of all elementary school children treated,

approximately 93% were treated under schemes of the Local Authority.

At the Secondary Schools, 8.08% of the children were referred for treatment and 27.7% for observation.

No advance has yet been made in the provision of special facilities for the partially blind or the mentally defective. These are urgent problems and should be dealt with as soon as possible. I would also again refer to the special training required for those suffering from impediment in speech.

During the year some re-organisation of the School Clinic premises in Claughton Street took place, the dental department being transferred to more commodious premises in Bank House. This has relieved the congestion in some measure, but the position leaves much to be desired. The Clinic in Claughton Street is totally unsuitable for the work that has to be carried out within its confined space.

For much of the work done I am indebted to Dr. Donovan, Deputy Medical Officer, and my special thanks are due to Mr. Lonie, Secretary for Education, for his cordial co-operation and assistance.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

April, 1935.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE
DURING THE YEAR 1934.

Children in Average Attendance at Elementary Schools	.....	19,116
Total Examinations of Elementary School Children	.....	22,199
Total Examinations of Secondary School Children	.....	1,329
Miscellaneous Examinations (Bursars, etc.)	.....	226
Minor Ailments treated	.....	4,034
Visual Defects treated	.....	717
Throat and Nose Defects treated	.....	259
Children inspected by School Dentists	.....	20,901
Children treated by School Dentists	.....	7,176
Total Attendances at All School Clinics	.....	66,113
Examinations by Nurses for Cleanliness	.....	50,663
Visits to Schools by Medical Officers	.....	312
Visits to Schools by Nurses	.....	4,818
Home Visits by Nurses	.....	8,716
Total Attendances at Inspection Clinic	.....	3,746

STAFF.

School Medical Officer and Medical Officer of Health :—

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy School Medical Officer and Deputy Medical Officer of Health :—

S. F. Allison, M.B., Ch.B. (Edinburgh), D.P.H. (Camb.).
(Resigned February, 1934).

W. T. Donovan, M.B., Ch.B. (Liverpool), D.P.H. (Liverpool).
(from April, 1934).

Assistant School Medical Officers and Assistant Medical Officers of Health :—

G. O'Brien, M.B., Ch.B., D.P.H. (St. Andrews).

Enid M. Hughes, M.B., Ch.B. (Liverp.).

Dental Surgeons :—

A. G. Batten, L.D.S.

L. A. Jones, L.D.S. (resigned September, 1934).

B. G. Clague, L.D.S. (from October, 1934).

Annie M. Kean, L.D.S. (resigned November, 1934).

Health Visitors and School Nurses :—

Ethel Denman,	(1), (2), (3), (4)	Alice Happold,	(3), (4)
Mary Riding,	(3), (4)	Edith Curran,	(3), (4)
*Winifred Cowan,	(2), (3), (4)	Ellen R. McDonald,	(2), (3), (4)
Amy Coates,	(2), (3), (4)	Agnes MacDonald,	(2), (3), (4)
Emily Corrish,	(2), (3), (4)	Doris Parkinson,	(2), (3), (4)
Daisy C. Cruickshank,	(3), (4)	Elsie Worthington,	(2), (3), (4)
Nora Hogan,	(3), (4)	Amanda S. Hume,	(2), (3), (4)
Mary Corrish,	(3), (4)		

After-Care Sister (Orthopaedic Scheme) :—

Isabella Marvin Corke (5)

School Clinic and Dental Nurses and Attendants :—

Florence Faber	(3), (4)	Ethel M. K. Elliot	(4)
Florence Wilkinson	(4)	Elizabeth Howarth	
Phyllis M. Mather	(4)	Ellen Glynn	

- (1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
- (2) Health Visitor's Certificate of the Royal Sanitary Institute.
- (3) Certificate of the Central Midwives' Board.
- (4) A trained Nurse.
- (5) Certificate of Chartered Society of Masseuses, etc.

* Resigned during the year.

The following are part-time officers at the School Clinic :—

- E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.
- J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.), Ear, Throat and Nose Surgeon.
- T. P. McMurray, M.B., M.Ch., B.A.O., (R.U.I.), F.R.C.S., (Edin.), Consulting Orthopaedic Surgeon.
- B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Ed.), Orthopaedic Surgeon.
- J. Unsworth, M.B., B.S. (Lond.), Physician to the X-Ray Department.

SCHOOL HYGIENE.

Though there has been considerable improvement in recent years in the school buildings there is room for still further improvement.

Taken generally, the condition in the Council schools are good, as these are all of fairly recent construction. The overcrowding which formerly existed in some of them has been considerably relieved by the re-organisation of departments and the building of new schools.

Extensions at Rivington Road Council School to provide the special accommodation required for the adaptation of the Boys' and Girls' Departments as Departments for senior children only, were completed in July, and will ultimately provide much needed relief, though the provision of at least one gymnasium would greatly facilitate the work of Physical Education in this part of the town. The re-organisation of this school will also give some measure of relief to neighbouring schools from which the senior children will be drawn.

The intimation from the Board of Education that the plans of Grange Park Senior School have been approved, is welcome news, and foreshadows still another advance in the hygiene of school buildings.

It is a pleasure also to record improvement in the conditions of some of the non-provided schools. The extensions of St. Austin's R.C. School to provide for girls has relieved the serious overcrowding at the Crown Street premises. The obsolete sanitary conveniences at St. Anne's R.C. School have been replaced by a modern water carriage system, and the conditions in the school improved by the provision of a Staff Room and additional Cloakroom and Lavatory accommodation. The ventilation at Lowe House R.C. Boys' School has been improved by the provision of hopper lights, and the lighting of two other Voluntary Schools has been improved by the installation of electric lighting.

Plans for improving the premises of Ravenhead C.E. School, Holy Cross R.C. School, St. Joseph's R.C. School and Knowsley Road School are under consideration, together with plans for a new Junior and Infant School for Holy Cross. The completion of these schemes will remedy some of the defects in Voluntary Schools mentioned in previous reports.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1934 there were under the control of the Education Committee, 40 Elementary Schools with 83 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	...	...	24,651
Average number of children on the roll during the year	...	...	20,740
Average number of children in attendance during the year	...	...	19,116
Percentage attendance for the year	...	...	92.2%

There has been no alteration during 1934 in the scheme for medical inspection, which has remained as outlined in previous reports, and the following statement shows the number of inspections carried out during the past five years :

		1930	1931	1932	1933	1934
Routine Examinations	...	5970	5685	6576	5744	6158
Special Examinations	...	5769	6138	6117	6524	6348
Re-examinations	...	9297	9206	9840	9129	9693
Attendances at Inspection Clinic	...	3484	3790	3762	4530	3746

The detailed figures of the number medically inspected during the year are given in Table 1.

Secondary Schools.

The Secondary Schools to which the provisions of the School Medical Service are applicable are the :—

St. Helens Cowley Boys' Secondary School.

St. Helens Cowley Middle School for Girls.

The following statement shows the work done in the Medical Inspection of these schools during the past five years :

		1930	1931	1932	1933	1934
Routine Examinations	...	794	911	972	878	928
Special Examinations	...	101	66	88	121	184
Re-examinations	...	218	186	202	118	217

The detailed figures of the number of children inspected are given in Table VI.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 6,158 children examined at the routine medical inspections during 1934, 725 (11.8%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects), which required treatment, and 1,424 (23.1%) from defects requiring to be kept under observation. For the previous year the corresponding percentages were 16.5% and 22.0% respectively.

The following table shows the percentage of *defects* referred from routine medical inspections for treatment or for observation per 100 children examined during the past five years.

		Incidence of defects (excluding uncleanliness, defective clothing, or footgear and dental diseases) referred for treatment or for observation per 100 children examined				
		1930	1931	1932	1933	1934
Requiring treatment ...	...	14.15	18.3	16.3	17.7	12.4
Referred for observation	...	18.10	19.5	21.2	24.2	24.5
Total		32.25	37.8	37.5	41.9	36.9

The figures quoted above show a substantial decrease in 1934 in the percentage of children found at routine medical inspection suffering from defects which either required treatment or required to be kept under observation. It will be seen from the tables given that the incidence of defects requiring treatment per 100 children examined was the lowest for the past five years, and though there is a slight increase in the percentage referred for observation the total percentage of incidence is the lowest for the past four years.

Taken generally it may be said that there was considerable improvement in the health of the children as compared with the previous year. Nutrition which can always be taken as a fairly accurate index of the health of the child appears to have improved, and there has been a general decrease in nearly all the main classes of defects.

The number and percentage of children in each age and sex group with such *defects* are shown in the following table :—

		Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—	Boys	883	273	30.9
	Girls	866	237	27.4
Intermediates—				
	Boys	1053	448	42.5
	Girls	1032	434	42.0
Leavers—	Boys	1117	351	31.4
	Girls	1207	406	33.6
All Ages—	Boys	3053	1072	35.1
	Girls	3105	1077	34.7

*Vision only tested where reason to suspect defect.

The chief defects for which children were referred for treatment or for observation at routine inspections during the last five years are shown in the following table as percentages of the children examined.

	1930	1931	1932	1933	1934
External Eye Diseases	1.6%	2.4%	2.2%	1.8%	0.97%
Defective Vision and Squint (Intermediates and Leavers only)	18.6%	18.7%	15.5%	15.7%	16.5%
Ear Disease or Defect	1.5%	1.3%	1.5%	1.5%	1.3%
Throat or Nose Defects	11.6%	10.5%	9.5%	11.3%	8.8%
Disease of Heart and Circulation	2.6%	2.9%	2.5%	2.8%	2.9%
Lung Disease (Non-Tubercular)	1.9%	1.6%	2.2%	3.9%	3.4%
Tuberculosis	0.8%	0.7%	0.6%	0.7%	0.5%
Malnutrition	0.8%	1.1%	1.2%	1.1%	0.9%

The decrease in the percentage of children with External Eye Diseases is mainly due to the decrease which has occurred in recent years in the number of cases of Blepharitis. This condition once so common has, with better hygienic habits, almost disappeared from amongst school children.

Cases of Defective Vision and Squint showed a slight increase in 1934 over the previous two years, but were still below the average for the quinquennium. Reduction in the number of Throat and Nose defects was mainly due to a reduction in the number of mouth breathers found and points to the beneficial effects of the rather intensive campaign waged against this unsightly defect during the past two years. The percentage of children referred for treatment or for observation for Disease of the Heart and Circulation has remained practically stationary.

Though the percentage of cases of Non-Tubercular Lung Disease was slightly lower in 1934 than in the previous year it was still higher than usual. This was due to a large number of cases of bronchitis resulting from the severe epidemics of measles and whooping cough in 1933, and shows the damage these two diseases may leave.

There was a slight but distinct improvement in the percentage of children found to be suffering from Malnutrition during 1934. It must be remembered, however, that only cases of definitely poor nutrition are included under the term malnutrition. There are, in addition, many cases where the general physique, a condition of listlessness and mental tiredness and the general appearance of the child, suggest that nutrition is sub-normal. The assessing of nutrition accurately is by no means easy. Many factors have to be taken into account and there is probably no other point in medical inspection where the personal views of the medical officer have more influence on the classification. In an endeavour to get more precise and uniform classification the Board of Education have directed that for the year 1935 and succeeding years nutrition is to

be classified into (a) excellent, (b) normal, (c) slightly sub-normal, and (d) bad. Whether this will give more uniform results remains to be seen.

The percentage of children found Verminous in 1934 showed a slight increase from 3.8 in the preceding year to 4.0%. Even at the present figure, however, it means an enormous improvement in the cleanliness of the children as compared with the conditions found when medical inspection first commenced.

The percentage of children found at routine inspections in 1934 with Defective Clothing was 2.4% as compared with 2.3% in 1933, whilst the percentage with Defective Footwear in 1934 was 0.5% compared with 0.4% in the preceding year.

Re-examinations : The following table gives the number of re-examinations carried out by medical officers during the year, and the results found at these re-examinations.

Number of Children re-examined	...	...	...	...	5323
Total re-examinations	...	...	...	...	9693
Number found remedied	...	...	...	...	1077 (11.1%)
Number found improved	...	...	...	...	5817 (60.0%)
Number found stationary	...	...	...	...	2763 (28.5%)
Number found retrograde	...	...	...	...	36 (0.4%)

Secondary Schools.

At the Secondary Schools 928 children were examined at the routine inspections. Of these 75 (8.08%) had defects (other than uncleanliness, defective clothing or footwear or dental defects) requiring treatment and 257 (27.7%) defects which required to be kept under observation. The corresponding percentages for 1933 were 10.5% and 32.7% and for elementary schools were 11.8% and 23.1%. The decrease in the percentage referred for treatment or for observation in 1934 was general for all defects except for defective vision, which showed a slight increase from 23.6% in 1933 to 23.8% in 1934.

The chief defects for which treatment was considered necessary or further observation desirable, were—Defective Vision or Squint, 23.8% ; Throat and Nose Defects, 5.5% ; Diseases of Heart and Circulation, 3.0% ; and Lung Diseases, 0.1%.

In addition to the routine inspections, 184 special cases were examined and 217 children previously found defective were re-examined.

The nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table VII.

MEDICAL TREATMENT.

Elementary Schools.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1934. Table A gives the percentage of the children referred for treatment who have been treated each year during the last 10 years, and Table B shows the number and percentage of cases treated in the four main classes of medical defects during the past 5 years.

TABLE A.

Number of children referred for treatment and number and percentage treated in St. Helens during years 1925 to 1934.

						Number of children referred for treatment.	Children treated.		
							Number	Per cent.	
1925	Medical only	...	...	...	...	5301	4810	...	90.7
	Dental	...	...	...	...	8025	6403	...	79.7
	Total	...	...	...	...	13326	11213	...	84.1
1926	Medical only	...	...	...	...	5776	5401	...	93.5
	Dental	...	...	...	...	9105	5021	...	55.1
	Total	...	...	...	...	14881	10422	...	70.0
1927	Medical only	...	...	...	...	6334	5991	...	94.5
	Dental	...	...	...	...	10807	6768	...	62.6
	Total	...	...	...	...	17141	12759	...	74.4
1928	Medical only	...	...	...	...	6829	6463	...	94.6
	Dental	...	...	...	...	10493	7770	...	74.0
	Total	...	...	...	...	17322	14233	...	82.1
1929	Medical only	...	...	...	...	7074	6630	...	93.7
	Dental	...	...	...	...	10561	7015	...	66.4
	Total	...	...	...	...	17635	13645	...	77.3
1930	Medical only	...	...	...	...	7508	7239	...	96.4
	Dental	...	...	...	...	13543	8159	...	60.2
	Total	...	...	...	...	21051	15396	...	73.1
1931	Medical only	...	...	...	...	6781	6523	...	96.2
	Dental	...	...	...	...	13164	7533	...	57.2
	Total	...	...	...	...	19945	14056	...	70.0
1932	Medical only	...	...	...	...	7157	6882	...	96.1
	Dental	...	...	...	...	13195	7812	...	59.2
	Total	...	...	...	...	20352	14694	...	72.2
1933	Medical only	...	...	...	...	7610	7160	...	94.1
	Dental	...	...	...	...	13335	8003	...	60.0
	Total	...	...	...	...	20945	15163	...	72.4
1934	Medical only	...	...	...	...	7159	6905	...	96.5
	Dental	...	...	...	...	12764	7481	...	58.6
	Total	...	...	...	...	19923	14386	...	72.2

Table A shows that the percentage of defective children who obtain the necessary treatment still maintains a highly satisfactory level. It will be noted that the percentage of medical defects treated, which decreased during 1933 owing to a high incidence of infectious diseases, returned in 1934 to what may be taken as the more normal figure. There was, however, a slight decrease in the percentage of dental defects treated. This was also associated with a decrease in the number of children examined by the dentist and was due to encroachment on the dentists' time, during part of the year, by work for the Public Assistance Committee. This has now been remedied by having evening sessions for public assistance work.

TABLE B.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1930 to 1934.

		1930	1931	1932	1933	1934
Minor Ailments—						
No. referred for treatment	... ...	4069	3396	3933	4185	4242
No. treated ...	... ...	4036	3376	3896	4135	4209
% treated ...	... ...	99.2	99.4	99.0	98.8	99.2
Visual Defects—						
No. referred for treatment	... ...	794	844	801	765	752
No. treated ...	... ...	732	791	759	723	718
% treated ...	... ...	92.2	93.7	94.8	94.5	95.5
Throat and Nose Defects—						
No. referred for treatment	... ...	835	692	640	755	530
No. treated ...	... ...	679	542	498	519	409
% treated ...	... ...	81.3	78.3	77.8	68.7	77.2
Other Medical Defects—						
No. referred for treatment	... ...	1810	1849	1783	1905	1635
No. treated ...	... ...	1790	1814	1729	1783	1569
% treated ...	... ...	98.9	98.1	96.9	93.6	96.0

During 1934 approximately 93% of the children treated were treated under the schemes of the Local Authority.

Secondary Schools.

Of the 113 children referred for treatment for medical defects during the year, 103 (91.2%) were treated before the end of the year, and, of 509 children referred for dental treatment, 379 (74.5%) were treated.

These figures show considerable improvement on the corresponding figures for 1933, which were 69.8% and 65.5% respectively.

Approximately 37.3% of the defects treated were treated under the schemes of the Local Authority.

The detailed figures regarding the defects treated are given in Table IX and a summary of the treatment obtained is shown in Table X.

Provision of Treatment.

The treatment services provided remain practically the same as in previous years and as outlined in previous reports. Nearly every year small improvements in one or other of the services are made, but these are mainly improvements in detail and do not materially affect the scheme. That approximately 93% of the elementary school children treated during 1934 were treated under schemes of the Local Authority suggests that the provision made is, on the whole, satisfactory.

In September, 1934, some re-organisation of the Central Clinic in Claughton Street took place. By the removal of the dental department to premises adjoining the Westminster Bank, congestion in the waiting room was considerably relieved. The Tuberculosis Dispensary took over the accommodation on the first floor vacated by the dental department, thus leaving the ground floor for treatment of minor ailments, eye defects and throat and nose defects. This re-organisation can, however, only be considered a temporary ex-

pedient. Placing different forms of treatment in different buildings makes administration more difficult and adds to cost. Further, the premises still in use as the Central Clinic are quite unsuitable for the purpose. The smallness and bad arrangement of the rooms lead to much confusion in working and prevent the introduction of modern methods. A new Central Health Clinic, fitted on modern lines, to deal with all classes of out-patient treatment which a health service should now provide, is urgently needed, and until it is provided the clinic services must be considered unsatisfactory.

The District Clinics, for minor ailments, at Elizabeth Street, West Street, Gartons Lane and the St. Vincent's School, and for dental defects at Elizabeth Street, West Street and Gartons Lane, maintain useful services for these outlying districts. A similar clinic for the Parr district is still urgently required.

Arrangements were completed during the year whereby County cases from the Clock Face area are dealt with at the Gartons Lane Clinic.

At the district minor ailment clinics, 2,163 children made 26,661 attendances during 1934 for treatment, and at the district dental clinics, 1,861 children made 2,326 attendances for treatment.

The operative treatment of tonsils and adenoids is carried out at one of the local hospitals by Mr. John McGibbon, Ear, Throat and Nose Surgeon, to whom I am indebted for the following review of his work during 1934 :—

“ During the past year 258 children have been operated on for the removal of tonsils and/or adenoids. These children were all cases selected by the school medical officers on account of the existence of some nasal, pharyngeal or aural defect. Children selected for operation have been examined on the day before admission to hospital, and if there has been any doubt whatever of their fitness they have been referred back until a

later date. Ethyl Chloride, given on an open mask has been used as an anaesthetic. Dr. O'Brien has given the anaesthetics, and my thanks are due to him for his skill and help. There have been no post-operative complications and the majority of the children have been examined and found in a satisfactory condition one week after operation. In addition to above, one operation for acute mastoiditis was performed during the year."

The following table shows the work carried out at the Ophthalmic Clinic during the past five years.

		1930	1931	1932	1933	1934
Cases for refraction	.....	689	783	749	729	717
Cases glassed	.....	551	696	673	571	626
Cases not glassed	.....	138	87	76	158	91
Old cases reviewed	.....	502	481	680	881	695
Cases referred for observation	.....	3	20	6	4	8
External eye diseases	.....	40	25	23	8	10
Operations	.....	1	1	3	6	8
Total attendances	.....	1392	1396	1506	1516	1539

The total number of defects treated at the various clinics during the past five years is shown in the following statement.

		1930	1931	1932	1933	1934
Minor Ailments	... ...	3,844	3,193	3,697	3,957	4,034
Visual Defects	... ...	689	783	749	729	717
Defects of Throat and Nose	...	544	365	331	350	259
Dental Defects	... ...	7,689	7,091	7,478	7,621	7,176
Crippling Defects	... ...	220	237	361	432	332
Other Defects	... ...	1,451	1,367	1,258	1,167	1,055
Total Number of Defects treated	...	14,437	13,036	13,874	14,256	13,573
Total Attendances	...	58,736	57,827	63,815	63,086	66,063

For the year ended the 31st December, 1934, £158/11/- has been recovered from parents for treatment provided at these clinics. No charge is made for minor ailments or for attendance at the Orthopaedic Clinic, but the cost of hospital treatment of orthopaedic cases is recovered in accordance with the scale of income of the family.

In addition, many weakly and debilitated children have been supplied with Cod Liver Oil Emulsion or Oil and Malt at a small charge, or free according to circumstances.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. A. G. Batten, Senior Dental Surgeon, for the following notes on the work of the School Dental Department.

" During the past year each Elementary school in the borough has been visited for the purpose of dental inspection, and though it was not possible to complete the programme of conducting a second examination at every school, more schools were re-examined than in the previous year.

" At the latter end of September, the Dental Clinic was transferred to more commodious premises at the Westminster Bank House. Though these premises are a great improvement on the old, they still lack many facilities which are necessary for dealing with large numbers of school children.

" At the Elementary Schools 19,555 children were inspected during routine school inspections and 131 special cases were seen at the school clinics ; of these, 12,677 (64.4%) were found to be in need of treatment, and of this latter number 2,162 (17.05%) had developed the defects noted since their previous examination. In those schools that were revisited, 7,192 children came up for examination and 4,065 (56.5%) were noted to be needing attention.

" 140 half-day sessions were devoted to elementary school inspections, and during this time 26,747 examinations were made—an average of 191 per session. The maintenance of an average such as this is only made possible by the active co-operation of the school staffs concerned, to whom I take this opportunity of expressing my thanks.

" 7,040 children received treatment at the Dental Clinics and made 10,106 attendances. 1,155 half-day sessions were devoted to the treatment of these cases. 300 of these half-days were occupied in the treatment of 2,791 cases under general anaesthetic—showing an average of 9.3 per session. This would appear to be a little below the number expected and is accounted for by the fact that the increasing difficulties presented by the growing overcrowding at the old premises imposed severely on the general organisation. In extenuation of this I would draw attention to the sessional average of 8.6 for anaesthetic cases up to the time of vacating the old dental clinic with that of 11.3, which was maintained during the last three months of the year in the new clinic. The remaining 855 half-days were devoted to the treatment of cases other than those needing a general anaesthetic, and the average attendance was 8.5 at each session. The work carried out at each session consisted of 6.4 fillings ; administrations of a local anaesthetic 2.9 ; other operations 1.7. The latter includes scalings, gum treatments, root dressings, temporary sedative dressings, and applications of silver nitrate.

" Regulation work or straightening of teeth in irregular positions, was undertaken in a number of cases. For the most part this was performed by the extraction of some of the teeth to allow others to come into a better position by natural means, but in a few cases, simple artificial appliances were provided to procure the desired result.

" During the year 1,861 children made 2,326 attendances at the District Clinics for treatment ; this shows a slight reduction when compared with the figures of the previous year, and is due to interruptions occasioned by changes of staff.

" In addition to the children treated at the school dental clinics, 441 were found to have been attended to privately, so that of a total of 12,764 elementary school children referred for dental treatment by Dental Surgeons and School Medical Officer, 7,481 (58.6%) were treated as far as could be ascertained.

" The Hamblett Open Air Council School was visited during the year for routine dental inspections and treatment. Two full routine inspections were made ; at the first, 99 children were examined of whom 40 (40.4%) needed treatment ; at the second, 96 were examined and 29 (30.2%) referred for treatment. In addition to these inspections, new entrants were examined and treated as was found necessary. During the year, 130 children at this school received treatment.

" With the view of ascertaining the dental condition of children upon reaching school leaving age, I have made an analysis of a number of those who were found to have left school between the 1933 and 1934 dental inspections. This analysis was made on the cards of 2,069 children and the following results were found.

" 797 (38%) were dentally fit at their last school inspection ; 754 of these had received periodic dental treatment either at

the School Clinics or by private dental practitioners during their school lives and the remainder (43) were all cases of children who had never been noted as needing dental attention.

" 712 (34%) of the children had minor dental defects—and this has been interpreted as meaning that not more than two fillings or one simple extraction was noted as being necessary upon the last occasion they were seen at a school inspection. 630 of this number had obtained treatment fairly regularly up to the time of their last examination, after which they had either left school and secured employment before they had an opportunity of attending for treatment, or on account of the fact that they would soon be leaving school had not troubled to seek further attention. It is probable that a small number were treated privately, but no records were available in support of this.

" 560 (27%) were found to have left having gross dental defects, and all these needed either three or more fillings or the extraction of permanent teeth in an abscessed or septic condition, and in some cases, both. It is illuminating to note that of this number, 535 had persistently refused dental treatment for at least three years prior to their leaving school ; the remaining 25 had all received some treatment, but in every case had failed to have it completed.

" From these figures it may be seen that 1,384 (66%) of the 2,069 children included in the analysis had received periodic dental treatment. It is unfortunate that 712 of these left having minor defects—but they represent a number that are gradually appreciating the value of regular dental treatment and in future years it is to be expected that a lessening of this number will correspond with an increase in the percentage of those leaving school dentally fit.

" Of those leaving school with gross dental defects I have little to say. The parents of most of them have been seen

personally by the Health Visitors but they represent a proportion who either through ignorance or indifference, persistently refuse to take advantage of any advice they are offered.

"The Dental Board of the United Kingdom offer to send lecturers on dental hygiene, and advantage was taken of this during the year. As a result many of the Senior Departments at the schools had the opportunity of hearing these during the year.

"At the Cowley Secondary School 1,213 pupils were examined at routine inspections and 2 were examined at the School Clinic ; of these 505 (41.5%) were found to require treatment. In addition 894 were re-examined during the year and of these 335 (37.4%) found to be in need of attention.

"136 cases from the Secondary Schools made 359 attendances at the Clinic for treatment during the year, details of which are given in Group V amongst the secondary school statistics. In addition to the 136 treated at the clinic, 243 of those noted as being in need of treatment obtained this through private channels. Thus out of a total number of 509 pupils referred for treatment by Dental Surgeons and School Medical Officers, 379 (74.4%) can be seen to have received the necessary attention during the year. This is a fairly satisfactory number and the benefit accrued is represented in the comparatively low percentages of dental defects found at the routine inspections.

"In conclusion I would like to thank the Assistant Dental Surgeons, nurses, and other members of the staff who have given their able assistance in the conduct of the dental department during the year."

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

The arrangements whereby the duties of school nurse are combined with those of health visitors remain as in previous years and as detailed in previous Reports.

Though it is impossible to give a full statistical report on the work carried out by them, the following figures give some idea of their work for the School Medical Service during the year :

1. Number of visits to schools for general supervisory purposes and for medical and verminous inspections	4,818
2. Number of examinations of children for cleanliness	50,663
3. Number of visits paid to the homes of children in following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, etc.	8,716

In addition to the school nurses mentioned above, special nurses are employed at the School Clinic and District Clinics who are wholly engaged treating or assisting in the treatment of various defects.

INFECTIOUS DISEASE.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures since 1930 :—

			1930	1931	1932	1933	1934
Scarlet Fever	...	...	158	64	95	211	182
Diphtheria	...	...	85	50	41	133	146
Measles	...	...	445	941	213	2174	405
German Measles	...	...	8	2	97	275	59
Whooping Cough	...	...	179	6	176	600	95
Chicken Pox	...	...	316	276	242	317	371
Mumps	...	...	565	19	261	123	567

By comparison with 1933 during which there were severe epidemics of measles, whooping cough and influenza, the year 1934 was a healthy year. Only in two departments did the percentage attendance fall below 60% owing to epidemic diseases. This was in January when, for a total period of five weeks, the percentage attendance at these schools was affected by measles.

The number of cases of diphtheria occurring was, however, slightly higher than in the previous year and was considerably higher than it had been for many years. The greatest prevalence was in the late autumn and continued in lesser degree into the early months of the current year. With a view to checking infection, propaganda in favour of immunisation was commenced at the beginning of the current year, and an immunisation clinic was opened. This has been very well attended, and though it will take some time before a sufficient number is immunised to appreciably affect the incidence of this disease, it is hoped that in a few years there will be a considerable reduction in the number of cases of diphtheria occurring.

Mumps was also very prevalent during 1934. In this outbreak the greatest number of cases occurred in the first half of the year, there being only 28 cases in the latter half.

The minimum periods of exclusion for patients and contacts are shown in the accompanying Table.

EXCLUSION OF CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE.

(Revised April, 1934).

DISEASE	Incuba- tion Period	Exclusion of Patient		Exclusion of other children in the house.	
		Period of Exclusion	Children involved	Period of exclusion	
DIPHTHERIA ...	... 2-10 days	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Exclude—all children	Until two successive negative swabs have been obtained from the nose and throat and not less than ten days from date of disinfection of premises, either after removal of patient to hospital, or in the case of patients treated at home release from isolation.	
SCARLET FEVER ...	... 1-8 days	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges.	Exclude—all children	Until not less than seven days after disinfection of premises.	
MEASLES ...	... 7-14 days	Three weeks from date of appearance of rash	Exclude (1) All children under 7 years of age. (2) all other children who have not had the disease	Sixteen days from appearance of rash of last case in house.	
GERMAN MEASLES ...	... 5-21 days	One week from date of appearance of rash	Exclude—as in Measles	Three weeks from date of contact with patient with rash.	
WHOOPING COUGH ...	... 6-18 days	Until six weeks from commencement of cough	Exclude (1) all children under 7 years of age; (2) children age 7 to 10 years who have not had the disease.	Three weeks from date of last case in house.	
MUMPS ...	... 12-23 days	Until one week after subsidence of swelling	Exclude none... ...	—	
CHICKEN POX ...	... 11-21 days	Until all scabs have fallen off and not less than three weeks from commencement of illness... ...	Exclude—as in Measles	Three weeks from date of last exposure to infection.	
SMALL POX ...	... 10-14 days, usually 12	Until all scabs and "seeds" have disappeared and not less than six weeks from commencement of illness	Exclude—Unvaccinated children only. ...	Sixteen days from date of last exposure to infection.	

TUBERCULOSIS.

In 1934 there was a considerable reduction in the number of children of school age notified as suffering from Tuberculosis. During the year only 5 cases of pulmonary tuberculosis and 16 cases of non-pulmonary tuberculosis were notified as compared with 19 cases of pulmonary and 29 cases of non-pulmonary notified during the preceding year. This reduction, which has been going on for several years is, no doubt, part of the general lowering of the incidence of tuberculosis resulting from the general campaign against that disease. Though no figures can be given there is also no doubt that the Open Air School has played a very important part in saving weakly and debilitated children from becoming victims of this disease.

At the end of 1934 there were, in St. Helens, 200 children of school age suffering from the following forms of tuberculosis.

Pulmonary .....	.....	.....	.....	.....	.....	.....	77
Non-Pulmonary :—							
Bones and Joints .....	.....	.....	.....	.....	.....	.....	34
Peripheral Glands .....	.....	.....	.....	.....	.....	.....	63
Abdominal .....	.....	.....	.....	.....	.....	.....	15
Skin and others.....	.....	.....	.....	.....	.....	.....	11
<hr/>							
200							

Many of the cases, however, were in an inactive condition, there being only 8 pulmonary and 23 non-pulmonary cases in need of active treatment.

Cases of active pulmonary tuberculosis are excluded from school and, of 8 such cases at the end of the year, 6 were at Eccleston Hall Sanatorium and 2 were receiving treatment at home. So long as their general health is good, cases in whom the disease is inactive are allowed to attend the public elementary schools, where they are regularly re-examined.

At the end of the year 8 inactive cases were attending the Open Air School.

Doubtful cases are referred to the Tuberculosis Officer as occasion requires, and during the year 33 such cases were specially examined by him. Of these, 1 was diagnosed as definitely suffering from tuberculosis of the lung, 6 were found to have non-pulmonary tuberculosis, 25 cases were found to be non-tuberculous and 1 case was still under observation at the end of the year.

Eccleston Hall Sanatorium provides in-patient observation and treatment for the tuberculous school child, and during 1934, 65 children spent an aggregate of 7,329 days in the sanatorium. Of these, 59 were able to attend the special school attached to that institution, the average daily attendance being 17 and average number of days each child attended 137.

Accommodation is also reserved for the in-patient treatment of children suffering from surgical tuberculosis at the Leasowe Open Air Hospital for Children where, during 1934, 5 children spent 1,234 days, and at the Royal Liverpool Children's Hospital where 1 patient received treatment for 23 days.

Out-patient treatment for children suffering from tuberculous disease of the bones or joints is provided at the Council's Orthopaedic Clinic, where 36 children made 63 attendances to see the orthopaedic surgeon and 524 attendances for supervision and treatment by the orthopaedic nurse. In addition 39 children suffering from lupus or tuberculous adenitis made 479 attendances at the Tuberculosis Dispensary for X-ray therapy.

Regular supervision of all doubtful and notified cases is carried out through the Tuberculosis Dispensary where during 1934, 288 children of school age made 631 attendances for examination, observation or supervision. Further, by arrangement with the Tuberculosis Department all children of school age who are contacts of cases of pulmonary tuberculosis are notified to the School Medical Department and are kept under observation by that department.

EXCEPTIONAL CHILDREN.

Crippled Children.

At the end of 1934 there were in St. Helens 84 children of school age in whom the crippling was sufficiently severe to interfere with their normal mode of life. The crippling in these cases was attributable to :—

Tuberculosis .....	.....	.....	.....	.....	.....	10
Infantile Paralysis .....	.....	.....	.....	.....	.....	28
Other forms of Paralysis .....	.....	.....	.....	.....	.....	20
Rickets .....	.....	.....	.....	.....	.....	3
Arthritis .....	.....	.....	.....	.....	.....	2
Congenital deformities .....	.....	.....	.....	.....	.....	9
Miscellaneous .....	.....	.....	.....	.....	.....	12
						—
						84
						—

Of these, 11 were at certified special schools, 61 were at ordinary day schools (59 at Public Elementary Schools and 2 at the Secondary School), 6 were at other institutions and 6 were at no school or institution. There are, however, many other children with lesser degrees of crippling, so that excluding tuberculous cases which are dealt with under Tuberculosis, the number on the register of the Orthopaedic Clinic was much higher, there being 332 cases suffering from the following defects on that register during the year :

Infantile Paralysis .....	.....	.....	.....	.....	.....	56
Other forms of paralysis .....	.....	.....	.....	.....	.....	52
Congenital deformities .....	.....	.....	.....	.....	.....	33
Rickets .....	.....	.....	.....	.....	.....	53
Traumatism .....	.....	.....	.....	.....	.....	23
Acquired foot deformities .....	.....	.....	.....	.....	.....	61
Postural defects .....	.....	.....	.....	.....	.....	38
Arthritis .....	.....	.....	.....	.....	.....	4
Miscellaneous .....	.....	.....	.....	.....	.....	12
						—
						332
						—

The treatment provided for these children involved 477 attendances for consultation or treatment by the orthopaedic surgeon, 5215 attendances for intermediate treatment by the nurse and 196 home visits by the nurse for purposes of supervision. In addition, 36 cases received surgical or other hospital treatment for an aggregate of 2283 days.

Of the 332 school-children seen at the Clinic during the year, 34 were discharged as cured or improved, 6 attended for consultation only, 2 were struck off the register, as being over 16 years of age, 9 left the district, 1 was transferred to tuberculosis account and 19 ceased to attend for various other reasons, leaving 261 cases still under treatment or supervision at the end of the year.

In addition to the crippled children there are in St. Helens 7 children with heart disease of such severity that they are physically crippled. 2 of these attend public Elementary Schools, 1 attends the Secondary School and 4 are at no school.

Delicate Children.

The delicate and debilitated child is well provided for at the Hamblett Open Air Council School, which has accommodation for 120 children. The beneficial effects accruing from a period of attendance at this school are remarkable. The regular and proper feeding, the beneficial effects of the open air life and education under ideal conditions, have saved many children from chronic invalidism.

At the beginning of 1934 there were 117 children on the roll. During the year 54 children were discharged and 57 new cases admitted. Of the cases discharged 24 were considered fit to return to ordinary schools, 12 left to take up employment, 11 were discharged by the Committee owing to non-payment of fees, 2 were discharged at parent's request, 2 left the district, 1 was transferred to Eccleston Hall Sanatorium, 1 became too ill to attend and 1 child was killed in an accident. The average attendance at the school during the year was 88.3%.

A trained nurse is in daily attendance ; constant medical supervision is given ; dental inspection and treatment is carried out three times a year ; and the orthopaedic nurse visits weekly for the supervision and treatment of those with crippling defects.

The following table shows the average weekly gains in weight and monthly gains in height during 1934, arranged according to sex and age groups.

	Age in Years.	Boys	Girls
Average weekly gain in weight.....	7 and 8	2.50 ozs.	2.23 ozs.
	9 and 10	3.00 „	2.31 „
	11 and 12	2.28 „	2.45 „
	13 and over	3.07 „	4.26 „
Average monthly gain in height	7 and 8	.20 ins.	.21 ins.
	9 and 10	.14 ins.	.19 ins.
	11 and 12	.18 ins.	.18 ins.
	13 and over	.23 ins.	.16 ins.

Blind, Deaf and Epileptic Children.

The total number of these children is given in Table III. During the year 1 deaf child was sent to a special residential school, and the Local Authority is at present maintaining 2 epileptic, 8 blind, and 10 deaf and dumb children in these special schools.

No advance has yet been made with the scheme outlined in my Report for 1933 for dealing with partially blind children. It cannot be urged too strongly that sight saving classes for these children can be of the greatest value in preventing cases ultimately finding their way to the Blind Register of the Borough.

Mentally Defective Children.

There are no special schools or classes for the mentally deficient in St. Helens, and, out of the 50 feeble-minded (but educable) children in the borough, only 13 are at present maintained at special residential schools. Of the remainder, 35 who should be receiving special education are attending ordinary classes in the public elementary schools, and 2 are at no school or institution.

During the year 1 feeble-minded child and 2 imbeciles were notified to the Local Control Authority. The following is an analysis of these cases :

Diagnosis.	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	—	—
(b) Imbeciles 	1	1
(c) Others 	—	1
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral defectives 	—	—
(b) Others 	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16. 	—	—
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases. 	—	—
4. Children who were, in addition to being mentally defective, blind or deaf. 	—	—
TOTAL 	1	2

After-Care and Vocational Training.

A commencement has now been made in the work of the Special After Care Committee appointed to help the physically or mentally defective child after he or she leaves school. There is much yet to be done. The criticism so often met is how can employment be found for these children when so many able-bodied children cannot find work when they leave school. That seems to me one of

the strongest reasons why special efforts are necessary to place these partially disabled children. Further, finding employment for them is not always their greatest need. After years in a special school they have become accustomed to having someone to guide them. Much more do they need friendly advice, help and encouragement when they try to take their place in life.

NURSERY CLASSES.

Though there are no Nursery Schools in St. Helens, Nursery Classes have been established in 14 infants' departments of public elementary schools and there are approximately 400 children attending these classes. The usual age of children attending is 4 years, though children may be admitted at the age of 3 years. From the medical standpoint these classes are very valuable. The child spends its day in a period of well balanced rest and activity and its mentality is livened. Further, being under regular medical and dental supervision, defects which so commonly develop during these early years are frequently avoided.

OPEN-AIR EDUCATION.

Recent school buildings provided by the Local Authority are all planned on the semi-open air principle and conditions at these schools are well nigh ideal. In the older and less fortunate schools, however, Head Teachers are quick to take advantage of suitable weather conditions by holding classes in school playgrounds or in neighbouring fields and parks. For this purpose St. Helens is fortunate in that there are comparatively few schools completely surrounded by buildings.

In addition most schools arrange school journeys to supplement nature study and several schools arrange week-end journeys to places of special interest. Some of the boys' schools arrange week-end camps and each year a large number of the poorest children of the town are sent, through the kindness of a voluntary organisation, for a week's camp in North Wales.

PHYSICAL TRAINING.

I am indebted to Mr. H. A. Lonie, Secretary for Education, for the following report on Physical Training submitted by the Education Committee's organisers of Physical Education.

“Co-operation with neighbouring Authorities.

“The Local Education Authorities of St. Helens, Wigan and Hindley agreed to co-operate in the joint appointment of a Man Organiser of Physical Education and for the services of the Woman Organiser engaged in St. Helens to be shared by the three Areas.

“The new arrangement took effect as from the 1st September, 1934, and it is therefore not possible at this stage to give a detailed report concerning the physical education of boys.

“The Physical Training Lesson.

“The Board of Education published the new syllabus for Physical Training for Schools in 1933. The greater freedom which the new syllabus permits the teacher in the choice of exercises and the arrangement of lessons places upon him or her a correspondingly greater responsibility, which carries with it the obligation to equip himself or herself adequately for the new task. The women teachers were not slow to avail themselves of the opportunity of obtaining a fuller understanding of the newer methods under expert guidance, and the classes of instruction organised in the evenings were attended voluntarily by a large proportion of the teachers. The results of these classes are gradually appearing in the schools. Less formal, but more joyous interpretation of the work does not imply slovenly and ill-controlled execution of the exercises, but demands more vigilance than ever on the part of the teacher, for accuracy and precision.

" Head Teachers are realising the advantage of the Board's suggestion for a minimum time of a daily period of some form of physical training, but the lack of suitable accommodation handicaps the work.

" Clothing.

" The Clothing for Physical Training in Girls' Schools leaves much to be desired, but improvements in many schools are appearing. The most suitable costume is a blouse or jumper, knickers of some dark material and gymnastic shoes. An important item of clothing which could be dispensed with is stockings. In the majority of cases these are held in place by garters which are dangerous to the health of the child. The difficulty of suitable changing room accommodation is rather a problem in girls' schools. It is not satisfactory for girls to strip in open cloakrooms, and, until some suitable arrangements are possible, the clothing difficulty will continue.

" In Boys' Schools there is a great deal to be done before the boys are ideally equipped with the minimum of clothing, viz. a pair of shorts, vest and gymnastic shoes, but it is gratifying to note that one or two schools are making a creditable effort.

" With the assistance of the Superintendent of Needlework Instruction and the Head Teachers and their staffs, many departments have made special garments which are proving of great value.

" The Committee have agreed to provide a limited number of pairs of shoes to all schools with suitable accommodation, and it is confidently expected that the work will improve.

" Accommodation.

" Since the last report the question of accommodation for physical training has not materially altered.

“ HALLS.—The new syllabus contains many exercises which require good sitting or lying accommodation, and a valuable part of the syllabus has to be omitted owing to lack of a hall or exercise room. Senior School work is also handicapped, as the children lose the undoubted benefits of the more effective, more enjoyable and more valuable exercises which are possible by the use of apparatus. Many schools which have halls use them as classrooms, and in other cases the halls are shared by two or three departments, making organisation very difficult. The erection of temporary halls or exercise rooms with accommodation for changing and shower baths, would assist greatly the physical training and health and hygiene training in the schools.

“ PLAYGROUNDS.—The needs of children attending schools with small or badly surfaced playgrounds are greater than those who have good playgrounds, for, generally speaking, the poor playgrounds accompany the schools which have crowded accommodation indoors, and no hall in which work can be taken.

“ It would facilitate matters considerably if all playgrounds could have a *minimum* pitch of 80-ft. x 40-ft. asphalted or flagged to provide suitable accommodation for physical training.

“ PLAYING FIELDS.—A satisfactory feature in the physical education of the senior children is that some playing field accommodation is available for the majority of schools. Many of the grounds used are not suited for organised games in the true sense of the term and much remains to be done to make possible the playing of games in decent conditions. Progress depends upon the provision of adequate and suitable playing pitches, and the Board of Education should be urged to give their approval to the Com-

mittee's proposal to purchase playing fields for the use of Elementary School children. The privacy of such playing fields will ensure the possibility of teaching and coaching games without the danger of crowds encroaching on the pitches and interfering with the play.

" Private playing fields also offer the following additional advantage :—

- 1.—Some form of changing accommodation by way of pavilion or shelter could be provided. This implies lavatory accommodation which is sadly lacking on the fields at present in use.
- 2.—Permanent groundsmen could be employed to maintain the playing pitches in good condition.
- 3.—Games equipment could be stored on the playing fields and kept in proper condition and repair by the groundsman. In this way an economy in the quantity of games equipment supplied will be effected, as the schools using the fields on different days would use the same apparatus.
- 4.—It would be possible to provide pitches for the smaller team games, so that the whole class may participate in some form of physical activity.

" Since the Organiser's last report the Playing Pitches in the Parks used by Elementary schools have been handed over to the control of the Education Committee : unfortunately, owing to expense, the provision of men and machines for the care of the pitches have not been forthcoming, but this difficulty it is hoped will be overcome in 1935.

" Swimming.

" There is, unfortunately, only one Swimming Bath in the Borough and some of the schools are so situated that the distance is too great for them to take advantage of the facilities offered.

The swimming instruction of the boys is entrusted to a professional instructor and, as far as can be ascertained, reasonable work is being done. The whole question of the swimming in the Boys' Schools, however, will be more fully considered as time and opportunity occur.

"As in the Boys' Schools, the number of girls able to attend the baths is limited owing to lack of accommodation. The schools which do attend are making good progress. In the last examination held, six girls gained the Bronze Medallion of the Life Saving Society and many others gained the lesser awards of the Society. There have been some changes of staff in the schools attending the baths, and teachers who have previously taken classes have left. Their successors show some promise and will soon gain the necessary confidence that makes for effective class teaching in swimming.

"Dancing.

"It is proposed to hold a Course in Dancing for teachers who are willing to attend a voluntary class in the evenings.

"Evening Institutes.

"The Organisers are much concerned about the Physical Education of the after-school child. At present there are only eight evening classes in Physical Training for boys and young men and eleven for women, under the control of the Authority. The Organisers suggest that the Committee prepare a syllabus for the general guidance of the teachers of these classes.

"The formation of "Keep-Fit" classes for business men and women is also a matter worthy of consideration by the Committee.

"Safety First.

"The Education Committee have suggested the closing of certain streets to vehicular traffic, and so making it possible for children to play in safety in them.

"The Committee are also considering a proposal to open the school playgrounds in crowded areas during summer evenings."

BATHS.

The Parr Central Council School, the Windle Pilkington Council School, and the Parr Flat Council Junior School are the only elementary schools equipped with baths. These consist of slipper and spray baths, and are in constant use, a large proportion of the children securing a bath weekly.

At the Hamblett Open-Air Council School there are spray baths and, unless countermanded by the Medical Officer, all children attending that school have a weekly bath under the supervision of the nurse attached to the school.

Arrangements are also in force by which school children have the use of the small plunge bath at the Public Baths in Boundary Road for swimming on seven half-days per week.

PROVISION OF MEALS.

The feeding of the school children is a matter to which the Committee have always given a great deal of attention and St. Helens is fortunate in its arrangements. Breakfasts and dinners are provided seven days a week at 3 centres and on five days a week at other 9 centres. The food is good and nourishing, and there is no doubt that the special attention to this matter is the reason why the general nutrition of the children has not suffered more during times of distress.

The total number of meals served during the year was 641,955, of which 636,570 were provided free.

The total number of individual children receiving free meals was 1,633, and the number who paid for meals was 49.

The average total cost per meal was 1.81 pence, of which 1.04 pence was for food.

For many years the provision of school meals has been supplemented by a ration of milk or some other beverage such as malted milk or cocoa. This has been a purely voluntary arrangement carried out by the schools themselves, the scholars paying $\frac{1}{2}$ d. to 1d. per day. With the passing of the Milk in Schools Scheme of the Milk Marketing Board more schools have adopted these voluntary schemes, and many who were previously giving beverages other than milk now give milk. During December 10,186 children were supplied daily with one third of a pint of milk. The scheme remains, however, on a voluntary basis, the majority of the children paying $\frac{1}{2}$ d. a day, though in cases where this cannot be afforded and the child requires this additional nourishment, the Education Committee pay for it.

As the purity of the milk given to children is of the utmost importance, the Milk Marketing Board laid it down that the source and quality of the milk supplied under their scheme must be approved by the Medical Officer of Health. The general conditions under which approval has been given in St. Helens are that the milk shall be :

- 1.—Milk for which any form of licence has been granted under the Milk (Special Designations) Order, 1923 ; or
- 2.—Milk from producers who have gained at least 66% of the total possible marks in an approved Clean Milk Competition ; or
- 3.—Milk from producers whose premises and methods of production are subject to the supervision of the St. Helens Sanitary Authority and are satisfactory ; or
- 4.—Milk from other producers who comply with the conditions laid down in the Accredited Milk Scheme of the Milk Marketing Board.

After the Accredited Milk Scheme comes into force it is proposed to approve only milk produced by Accredited Milk Producers and milk sold in accordance with the Milk (Special Designations) Order.

To ensure that the quality and purity of the milk are maintained, continuance of approval in St. Helens is subject to the following requirements being observed, and in the event of any breach of these conditions the approval may be withdrawn :—

- 1.—The milk supplied to the schools must be from the approved source only.
- 2.—The methods of production and handling shall be satisfactory and the milk shall be cooled to a temperature of 60° F immediately after milking.
- 3.—If the milk is delivered in bottles all such bottles shall be efficiently sterilised.
- 4.—The milk shall not contain tubercle bacilli or other pathogenic organisms.
- 5.—The milk shall contain not less than 3% of milk fat or 8.5% of non-fatty solids.
- 6.—The milk shall comply with the following bacteriological standard :—
 - (a) Bacterial count not exceeding 200,000 per c.c.
 - (b) B. Coli absent in 1/100 c.c.
- 7.—The milk shall not be treated by heat other than by the process of pasteurisation as laid down by the Milk (Special Designations) Order, 1923 and by persons holding a pasteuriser's licence under that Order.
- 8.—The milk must be fresh and produced not earlier than the previous evening's milking.
- 9.—Any sickness of an infectious nature occurring on the farm or dairy or in the dwelling of any person engaged in the production or distribution of the milk shall at once be reported to the Medical Officer of Health of the district in which the farm or dairy is situate.
- 10.—The occurrence of any infectious disease amongst the cows must be notified without delay to the Medical Officer of Health of the district in which the farm is situate and the affected animal(s) must be immediately excluded from the herd.

11.—No milk shall be delivered from cows that :

- (a) Have calved until after four clear days from calving.
 - (b) Are in bad health.
 - (c) Have been physicked until after twenty-four hours from such physicking.
 - (d) Show any symptoms of disease of the udder.
-

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL ATTENDANCE OFFICERS.

Though parents in all cases are invited to attend the routine inspections, the attendance is never high. I would again stress the point that it would be of service both to the mothers and to the medical inspectors to confer, especially at the examination of infants, on the history and state of the child's health.

Close co-operation is maintained with the School Attendance Department who referred 564 cases to the School Medical Officer for special investigation throughout the year.

CO-OPERATION WITH VOLUNTARY BODIES.

A large amount of assistance has been given by the various voluntary organisations in the town and close co-operation exists between these bodies and the School Medical Service. The National Society for Prevention of Cruelty to Children, in dealing with cases of neglect ; The St. Helens Crippled and Invalid Children's Aid Society, in dealing with cripples ; The St. Helens and District Society for the Welfare of the Blind, in dealing with blind children ; The St. Helens Police Clothing Fund for Destitute Children, in grants of clothing or clogs ; and The St. Helens Juvenile Organisation Committee, in organising evening play centres, have been invaluable in dealing with problems which an official service cannot tackle, and to them and their work the greatest credit must be given.

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1934.

DEFECT OR DISEASE (1)	Routine Inspections		Special Inspections	
	Requiring Treatment (2)	No. of Defects (3)	Requiring Treatment (4)	No. of Defects. (5)
		Requiring to be kept under observation but not requiring Treatment.		Requiring to be kept under observation but not requiring Treatment.
Malnutrition	11	42	337	112
Uncleanliness :—(See Table IV., Group VI.)				
SKIN				
Ringworm—Scalp	—	—	1	—
Body	—	—	24	—
Scabies	3	—	62	—
Impetigo	48	—	1581	—
Other Diseases (Non-Tuberculous)	9	9	232	7
Blepharitis	53	—	442	—
Conjunctivitis	1	—	121	—
Keratitis	—	—	—	—
EYE				
Corneal Opacities	2	1	11	6
Defective Vision (excluding Squint)	231	411	396	912
Squint	37	47	88	293
Other Conditions	1	2	56	5
EAR				
Defective Hearing	2	5	20	10
Otitis Media	24	13	239	69
Other Ear Diseases	34	1	39	9
NOSE AND THROAT				
Chronic Tonsillitis only	39	300	89	297
Adenoids only	1	15	18	19
Chronic Tonsillitis & Adenoids	31	36	181	217
Other Conditions	59	59	112	110
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	8	181	104	180
DEFECTIVE SPEECH	—	16	2	30
HEART AND CIRCULATION				
Heart Disease—Organic	—	13	9	43
Functional	—	68	8	102
LUNGS				
Anæmia	19	80	121	118
Bronchitis	121	90	294	132
Other Non-Tuberculous Diseases	—	2	173	9
TUBERCULOSIS				
Pulmonary—Definite	1	6	18	33
Suspected	1	5	10	18
Non-Pulm.—Glands	—	9	12	38
Bones and Joints	1	5	12	5
Skin	—	1	1	3
Other Forms	—	1	—	17
NERVOUS SYSTEM				
Epilepsy	—	—	10	2
Chorea	—	5	35	12
Other Conditions	—	7	30	38
DEFORMITIES				
Rickets	6	6	6	16
Spinal Curvature	—	1	3	1
Other Forms	18	41	96	78
OTHER DEFECTS AND DISEASES				
(excluding Uncleanliness & Dental Diseases).	2	28	166	74

B.—Number of *individual children* found at *Routine Medical Inspection* to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP (1)	Number of Children		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment (3)	
PRESCRIBED GROUPS :			
Entrants	1749	151	8.63
Second Age Group	2085	306	14.68
Third Age Group	2324	268	11.53
Total (Prescribed Groups)	6158	725	11.77
Other Routine Inspections	Nil	Nil	Nil

TABLE III.

Return of all Exceptional Children in the Area on the 31st December, 1934.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

(Children suffering from any combination of the following types of defect:—Blindness (not Partial Blindness), Deafness (not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in the penultimate category of this Table), Heart Disease).

- | | |
|--|---|
| (1) Number of children suffering from Multiple Defects | 1 (Boy). |
| (2) Combination of Defects | Blindness and deafness. |
| (3) Type of School attended | Certified School for the Blind (Henshaw's Institution for the Blind). |

BLIND CHILDREN.

(Children who are so blind that they can only be appropriately taught in a school for blind children).

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
8	1	—	1	10

PARTIALLY BLIND CHILDREN.

(Children who, though they cannot read ordinary school books or cannot read them (even with suitable glasses) without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind).

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	20	—	—	20

DEAF CHILDREN.

(Children who are too deaf to be taught in a class of hearing children in an elementary school, and are so deaf that they can only be appropriately taught in a school for the deaf).

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
10	—	—	—	10

PARTIALLY DEAF CHILDREN.

(Children who can be appropriately taught in a school for the partially deaf).

At Certified Schools for the Deaf	At Certified Schools for the partially deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	4	—	—	4

MENTALLY DEFECTIVE CHILDREN.

(Children (excluding children notified to the Local Authority under the Mental Deficiency Act) who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children).

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
13	35	—	2	50

EPILEPTIC CHILDREN.

(Children suffering from Severe Epilepsy, who, not being idiots or imbeciles are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	—	—	2	4

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

(Children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere).

I.—Children Suffering from Pulmonary Tuberculosis. (including pleura and intra-thoracic glands).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	—	*6	2	8

*At Eccleston Hall Sanatorium School.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	8	*10	3	23

* 9 at Eccleston Hall Sanatorium School.

B.—DELICATE CHILDREN.

(Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
114	192	—	—	306

C.—CRIPPLED CHILDREN.

(Children (other than those diagnosed as tuberculous and in need of treatment for that disease) suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
11	59	6	6	82

D.—CHILDREN WITH HEART DISEASE.

(Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	2	—	4	6

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1934.

TREATMENT TABLE.**Group I.—Minor Ailments** (excluding Uncleanliness, for which see Group VI).

DISEASE OR DEFECT	Number of Defects referred for Treatment	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp	1	1
Ringworm, Body	24	24
Scabies	65	65
Impetigo	1629	1574
Other skin disease	241	235
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).	687	623	675
MINOR EAR DEFECTS	...	358	283	343
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	1237	1224	1237
Total	...	4242	4027	4209

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE	Number of Defects referred for Treatment	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint)	752	684	22	12	718
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	752	684	22	12	718

Total number of children for whom spectacles were prescribed—

- | | |
|--|-----|
| (a) Under the Authority's Scheme | 598 |
| (b) Otherwise | 24 |

Total number of children who obtained or received spectacles—

- | | |
|---|-----|
| (a) Under the Authority's Scheme | 598 |
| (b) Otherwise | 24 |

Group III.—Treatment of Defects of Nose and Throat.

Referred for treatment	Number of Defects.													Received other forms of treat- ment.	Total number treated		
	Received				Operative				Treatment.				Total				
	Under the Authority's Scheme in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme												
	i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv					
530	7	2	248	1	10	—	18	—	17	2	266	1	123		409		

- (i) Tonsils only.
- (ii) Adenoids only.
- (iii) Tonsils and adenoids.
- (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated.						Total	
Under the Authority's Scheme			Otherwise				
Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic		
23	21	328	1	—	5	328	

Group V.—Dental Defects.

(1) Number of Children who were :—				
(a) Inspected by the Dentist :				
Routine	Aged :	3— 377 4—1133 5—1832 6—1770 7—1832 8—1967 9—2006 10—2004 11—1910 12—2076 13—2051 14— 495 15— 81 16— 21	Total 19555	
Age Groups				
Specials	131			
	Grand Total ...	19686		
(b) Found to require treatment	12677			
(c) Actually treated ...	7040			
(2) Half-days devoted to :—				
	Inspection ...	140		
	Treatment ...	1155		
			Total 1295	
(3) Attendances made by children for treatment ...		10106		
(4) Fillings :—				
	Permanent teeth 4383			
	Temporary teeth 1160			
			Total 5543	
(5) Extractions :—				
	Permanent teeth 2299			
	Temporary teeth 9194			
			Total 11493	
(6) Administrations of general anæsthetics for extractions		2791		
(7) Other Operations :—				
	Permanent teeth 297			
	Temporary teeth 1174			
			Total 1471	

Note :—In addition to the above inspections, 4690 children were re-inspected during the year, and of those, 3232 were found to require treatment.

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses...	... ... ... ... ... ... ... ... ...	60
(ii.) Total number of examinations of children in the Schools by School Nurses		49735
(iii.) Number of individual children found unclean	... ... ... ... ...	1995
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	... ... ... ... ...	Nil
(v.) Number of cases in which legal proceedings were taken :		
(a) Under the Education Act, 1921	... ... ... ...	Nil
(b) Under School Attendance Byelaws	... ... ... ...	Nil

TABLE V.
Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	TREATED		
		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	4242	4027	182	4209
Visual Defects	752	684	34	718
Defects of Throat and Nose	530	258	151	409
Dental Defects	Referred by Dentist	12616	6979	424
	School M.O.	148	61	78
Other Defects	1635	1384	185	1569
 Total	19923	13393	993	14386

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	4	—	3	Age	12	—	70
5	—	30		13	—	143	
6	—	15		14	—	176	
7	—	31		15	—	127	
8	—	13		16	—	107	
9	—	17		17	—	46	
10	—	30		18	—	23	
11	—	85		19	—	12	
							—
				Total	...		928
							—

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	184
Number of Re-inspections	...	...	...	...	...	...	217
							—
				Total	...	401	—

TABLE VII.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	—	1	1
Uncleanliness—	—	—	—	—
(See Table IX., Group VI.)				
SKIN { Ringworm—Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	1	—
Other Diseases (Non-Tuberculous)...	—	7	1	1
EYE { Blepharitis	2	—	1	—
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint)...	50	166	14	20
Squint	1	4	—	—
Other Conditions	—	—	—	—
EAR { Defective Hearing	—	—	—	—
Otitis Media	2	2	—	1
Other Ear Diseases	—	—	1	1
NOSE { Chronic Tonsillitis only ...	4	32	3	20
AND { Adenoids only	—	2	—	3
THROAT { Chronic Tonsillitis & Adenoids ...	2	5	2	10
Other Conditions	4	2	1	4
ENLARGED CERVICAL GLANDS (Non-Tuberculous) ...	1	4	2	16
DEFECTIVE SPEECH	—	1	—	2
HEART & CIRCULATION. { Heart Disease—Organic ...	—	5	—	4
Functional ...	—	11	—	8
LUNGS { Anæmia...	5	7	4	17
Bronchitis	—	—	1	3
Other Non. T.B. Diseases ...	1	—	—	2
TUBERCULOSIS { Pulmonary—Definite ...	—	—	—	—
Suspected ...	1	—	—	—
Non-Pulm.—Glands ...	—	—	—	—
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms ...	—	—	—	—
NERVOUS SYSTEM { Epilepsy	—	—	—	—
Chorea	—	1	—	—
Other Conditions	—	1	—	2
DEFORMITIES { Rickets	—	—	—	—
Spinal Curvature	—	—	—	—
Other Forms	2	9	1	8
OTHER DEFECTS AND DISEASES... (excluding Uncleanliness and Dental Diseases).	3	6	1	4

B.—Number of *individual children* found at *Routine Medical Inspection* to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected	Found to require Treatment	
Total (all ages)	928	75	8.08
Other Routine Inspections	—	—	—

TABLE VIII.

Return of all Exceptional Children in the area on the 31st December, 1934.

(NOTE :—The definitions for the purposes of this Table are the same as those shown in Table III of the statistics for Elementary Schools).

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Nil.

BLIND CHILDREN.

Nil.

PARTIALLY BLIND CHILDREN.

Nil.

DEAF CHILDREN

Nil.

PARTIALLY DEAF CHILDREN.

Nil.

MENTALLY DEFECTIVE CHILDREN.

Nil.

EPILEPTIC CHILDREN.

Nil.

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis.

Nil.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

Nil.

B. DELICATE CHILDREN.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	2	—	—	2

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Secondary Schools	At other Institutions	At No School or Institution	Total
—	2	—	—	2

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools	At Secondary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	1

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1934.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

DISEASE OR DEFECT (1)	Number of Defects referred for Treatment (2)	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme (3)	Otherwise (4)	Total (5)
SKIN—Ringworm, Scalp	—	—	—	—
,, Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	1	1	—	1
Other Skin Disease	1	1	—	1
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II.)	3	2	1	3
MINOR EAR DEFECTS	3	2	1	3
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chil- blains, etc.)	1	1	—	1
Total	9	7	2	9

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE (1)	Number of Defects referred for Treatment (2)	No. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme. (3)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (4)	Otherwise (5)	Total (6)
Errors of Refraction (including Squint)	65	33	26	4	63
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—	—
Total ...	65	33	26	4	63

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme 28
 (b) Otherwise 19

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 28
 (b) Otherwise 19

Group III.—Treatment of Defects of Nose and Throat.

Referred for treatment	Number of Defects.													
	Received Operative Treatment													
	Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total					
16	i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv	Received other forms of treatment	Total number treated
	—	—	1	—	2	—	4	—	2	—	5	—	2	9

- (i) Tonsils only.
- (ii) Adenoids only.
- (iii) Tonsils and adenoids.
- (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children Treated.						
Under the Authority's Scheme			Otherwise			
Residential treatment with education	Residential treatment without education	Non-Residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Total
—	—	3	—	—	1	4

Group V.—Dental Defects.

(1) Number of children who were :—		(2) Half-days devoted to :—																																																													
(a) Inspected by the Dentist :		Treatment 45 }																																																												
Aged :		Inspection 11 } Total 56																																																												
Routine Age Groups	<table style="margin-left: 20px; border-collapse: collapse;"> <tr><td>4</td><td>—</td><td>2</td><td>14</td><td>—</td><td>139</td></tr> <tr><td>5</td><td>—</td><td>21</td><td>15</td><td>—</td><td>102</td></tr> <tr><td>6</td><td>—</td><td>49</td><td>16</td><td>—</td><td>79</td></tr> <tr><td>7</td><td>—</td><td>133</td><td>17</td><td>—</td><td>32</td></tr> <tr><td>8</td><td>—</td><td>103</td><td>18</td><td>—</td><td>20</td></tr> <tr><td>9</td><td>—</td><td>110</td><td>19</td><td>—</td><td>5</td></tr> <tr><td>10</td><td>—</td><td>42</td><td></td><td></td><td></td></tr> <tr><td>11</td><td>—</td><td>79</td><td></td><td></td><td></td></tr> <tr><td>12</td><td>—</td><td>145</td><td></td><td></td><td></td></tr> <tr><td>13</td><td>—</td><td>152</td><td>Total</td><td>—</td><td>1213</td></tr> </table>	4	—	2	14	—	139	5	—	21	15	—	102	6	—	49	16	—	79	7	—	133	17	—	32	8	—	103	18	—	20	9	—	110	19	—	5	10	—	42				11	—	79				12	—	145				13	—	152	Total	—	1213		
4	—	2	14	—	139																																																										
5	—	21	15	—	102																																																										
6	—	49	16	—	79																																																										
7	—	133	17	—	32																																																										
8	—	103	18	—	20																																																										
9	—	110	19	—	5																																																										
10	—	42																																																													
11	—	79																																																													
12	—	145																																																													
13	—	152	Total	—	1213																																																										
Specials 2	(3) Attendances made by Children for treatment ...	359																																																												
Grand Total 1215	(4) Fillings :—																																																													
(b) Found to require treatment ...	505	Permanent Teeth 239 }																																																													
(c) Actually treated ...	136	Temporary Teeth 12 } Total 251																																																													
		(5) Extractions :—																																																													
		Permanent Teeth ... 102 }																																																													
		Temporary Teeth ... 21 } Total 123																																																													
		(6) Administrations of general anaesthetics for extractions ... 38																																																													
		(7) Other Operations :—																																																													
		Permanent Teeth ... 9 }																																																													
		Temporary teeth ... — } Total 9																																																													

In addition to the above inspections, 894 children were re-inspected, and of those 335 were found to require treatment.

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	... ... ... ... ... ... ... ... ...	26
(ii.) Total number of examinations of children in the Schools by School Nurses	... ... ... ... ... ... ... ... ...	928
(iii.) Number of individual children found unclean...	... ... ... ... ...	—
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	... ... ... ... ... ...	—
(v.) Number of cases in which legal proceedings were taken :		
(a) Under the Education Act, 1921...	... ... ... ... ...	—
(b) Under School Attendance Byelaws	... ... ... ... ...	—

TABLE X.**Summary of Treatment of Defects.**

DISEASE OR DEFECT	NUMBER OF DEFECTS		
	Referred for Treatment	TREATED	
	Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	...	9	2
Visual Defects	...	65	33
Defects of Throat and Nose	...	16	1
Dental } Referred by Dentist	...	503	134
Defects } Referred by School M.O....	...	6	2
Other Defects	...	23	3
 Total	...	622	180
			302
			482

